

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

New Day Independent Media Committee

ADDRESS (number and street) ▼

4679 Winterset Drive

☐ Check if different than previously reported. (ACC)

Columbus

OH

43220

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00582973

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 06 2015

through

M M M / D D D / Y Y Y Y Y Y
12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan E. Jones

Signature of Treasurer

Susan E. Jones

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 31 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Day Independent Media Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 06 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		2344669.62
(b) Cash on Hand at Beginning of Reporting Period.....	2344669.62	
(c) Total Receipts (from Line 19)	193100.00	193100.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2537769.62	2537769.62
7. Total Disbursements (from Line 31)	2536066.03	2536066.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1703.59	1703.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Day Independent Media Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

193100.00

193100.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

193100.00

193100.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

193100.00

193100.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

193100.00

193100.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

193100.00

193100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	46729.93	46729.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46729.93	46729.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	2489336.10	2489336.10
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2536066.03	2536066.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2536066.03	2536066.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	193100.00	193100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	193100.00	193100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	46729.93	46729.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	46729.93	46729.93

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Day Independent Media Committee

Full Name (Last, First, Middle Initial)

A. William P Brady

Mailing Address 646 Sommerset Drive

City State Zip Code
 Indianapolis IN 46260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Securities Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : SA11AI.4185

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

B. Frank O. Clark

Mailing Address 2570 Madeville Canyon Road

City State Zip Code
 Los Angeles CA 90019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

C. Fred Cochran

Mailing Address 1766 Bahia Vista Street

City State Zip Code
 Sarasota FL 34239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Insula Companies

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 16 / 2015

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period

5400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

33100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Day Independent Media Committee

Full Name (Last, First, Middle Initial)

A. Craig A. Huff

Mailing Address 993 Fifth Avenue
6th Floor

City State Zip Code
New York NY 10028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Reservoir Capital

Co-CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2015

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Kapland, Inc.

Mailing Address 23622 Calabasas Road
#107

City State Zip Code
Calabasas CA 91302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

C. Matthew P. O'Connor

Mailing Address 15866 Seabec Circle

City State Zip Code
Pacific Palisades CA 90272

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Capital Group

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period

30000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 21

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New Day Independent Media Committee

Full Name (Last, First, Middle Initial)

A. Julian H Robertson Jr.

Mailing Address 101 Park Avenue

City

New York

State

NY

Zip Code

10178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tiger Management, LLC

Occupation

Chairman

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	5

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

25000.00

TOTAL This Period (last page this line number only)..... ►

193100.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 21

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New Day Independent Media Committee

Full Name (Last, First, Middle Initial)

A. ADP

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	1						2	0	1	5

Mailing Address 713 Brooksedge Plaza

City	State	Zip Code
Westerville	OH	43081

Transaction ID : SB21B.4145Purpose of Disbursement
Payroll-Wages

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

3530.26

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Matthew Carle

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	1						2	0	1	5

Mailing Address 7902 Pleasant Colony Circle

City	State	Zip Code
Blacklick	OH	43004

Transaction ID : SB21B.4145.0Purpose of Disbursement
Payroll

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

890.25

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Matthew Carle

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	1						2	0	1	5

Mailing Address 7902 Pleasant Colony Circle

City	State	Zip Code
Blacklick	OH	43004

Transaction ID : SB21B.4145.1Purpose of Disbursement
Payroll

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

890.25

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3530.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New Day Independent Media Committee

Full Name (Last, First, Middle Initial)

A. Connie Wehrkamp

Mailing Address 1793 Northwest Blvd

City Columbus State OH Zip Code 43212

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015
Transaction ID : SB21B.4145.2

Amount of Each Disbursement this Period

874.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Connie Wehrkamp

Mailing Address 1793 Northwest Blvd

City Columbus State OH Zip Code 43212

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015
Transaction ID : SB21B.4145.3

Amount of Each Disbursement this Period

874.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement
Payroll-Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015
Transaction ID : SB21B.4147

Amount of Each Disbursement this Period

907.74

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

907.74

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 21

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New Day Independent Media Committee

Full Name (Last, First, Middle Initial)

A. ADP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Mailing Address 713 Brooksedge Plaza

City	State	Zip Code
Westerville	OH	43081

Purpose of Disbursement
Payroll Processing Fees

Candidate Name

Category/
Type**Transaction ID : SB21B.4150**

Amount of Each Disbursement this Period

121.46

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ADP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Mailing Address 713 Brooksedge Plaza

City	State	Zip Code
Westerville	OH	43081

Purpose of Disbursement
Payroll-Wages

Candidate Name

Category/
Type**Transaction ID : SB21B.4154**

Amount of Each Disbursement this Period

1765.13

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Matthew Carle

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Mailing Address 7902 Pleasant Colony Circle

City	State	Zip Code
Blacklick	OH	43004

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type**Transaction ID : SB21B.4154.0**

Amount of Each Disbursement this Period

890.25

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1886.59

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New Day Independent Media Committee

Full Name (Last, First, Middle Initial)

A. Connie Wehrkamp

Mailing Address 1793 Northwest Blvd

City Columbus State OH Zip Code 43212

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2015
Transaction ID : SB21B.4154.1

Amount of Each Disbursement this Period

874.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement
Payroll-Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2015
Transaction ID : SB21B.4155

Amount of Each Disbursement this Period

453.87

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement
Payroll Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015
Transaction ID : SB21B.4158

Amount of Each Disbursement this Period

168.77

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

622.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New Day Independent Media Committee

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement
Payroll Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2015
Transaction ID : SB21B.4159

Amount of Each Disbursement this Period

26.88

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 713 Brooksedge Plaza

City Westerville State OH Zip Code 43081

Purpose of Disbursement
Payroll-Wages

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2015
Transaction ID : SB21B.4161

Amount of Each Disbursement this Period

1765.13

Full Name (Last, First, Middle Initial)

C. Matthew Carle

Mailing Address 7902 Pleasant Colony Circle

City Blacklick State OH Zip Code 43004

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2015
Transaction ID : SB21B.4161.0

Amount of Each Disbursement this Period

890.25

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1792.01

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

New Day Independent Media Committee

A. Connie Wehrkamp

Mailing Address 1793 Northwest Blvd

City	State	Zip Code
Columbus	OH	43212

Purpose of Disbursement	
Payroll	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4161.1

Amount of Each Disbursement this Period

874.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 713 Brooksedge Plaza

City	State	Zip Code
Westerville	OH	43081

Purpose of Disbursement
Payroll-Taxes

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
11 25 2015

Transaction ID : SB21B.4162

Amount of Each Disbursement this Period

453.87

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 713 Brooksedge Plaza

City	State	Zip Code
Westerville	OH	43081

Purpose of Disbursement	Payroll Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4165

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	115.01
25-34	100.00
35-44	100.00
45-54	100.00
55-64	100.00
65-74	100.00
75-84	100.00
85+	100.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

568.88

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

New Day Independent Media Committee

A. Baker & Hostetler LLP

Mailing Address PO Box 70189

City	State	Zip Code
Cleveland	OH	44190

Purpose of Disbursement	Legal Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.4141

Amount of Each Disbursement this Period

3990.00

Full Name (Last, First, Middle Initial)

B. Baker & Hostetler LLP

Mailing Address PO Box 70189

City	State	Zip Code
Cleveland	OH	44190

Purpose of Disbursement	Legal Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date 10/23/2015 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '23' with 'D' indicators above it. The third display shows '2015' with 'Y' indicators above it.

Transaction ID : SB21B.4157

Amount of Each Disbursement this Period

866.25

Full Name (Last, First, Middle Initial)

C. Baker & Hostetler LLP

Mailing Address PO Box 70189

City	State	Zip Code
Cleveland	OH	44190

Purpose of Disbursement	Legal Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General
Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4163

Amount of Each Disbursement this Period

3274.39

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

8130.64

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

New Day Independent Media Committee

25000.00

105.00

1828.75

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

New Day Independent Media Committee

Category/
Type

207.67

State: District:

Category/
Type

725.00

State: District:

Category/
Type

1283.75

State: District:

2216.42

46588.93

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 18 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Day Independent Media Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00582973</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee MULTI MEDIA SERVICES INC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 15 / 2015</div>	
Mailing Address 915 KING STREET 2ND FLOOR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">268350.00</div>	
City ALEXANDRIA		State VA	
Zip Code 22314		Transaction ID : SE.4104	
Purpose of Expenditure BROADCAST AND CABLE TELEVISION		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 13 / 2015</div>	
Name of Federal Candidate JOHN R KASICH		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">268350.00</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">268350.00</div>	
Full Name of Payee MULTI MEDIA SERVICES INC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 15 / 2015</div>	
Mailing Address 915 KING STREET 2ND FLOOR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">106650.00</div>	
City ALEXANDRIA		State VA	
Zip Code 22314		Transaction ID : SE.4130	
Purpose of Expenditure Broadcast TV		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 13 / 2015</div>	
Name of Federal Candidate JOHN R KASICH		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">106650.00</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">106650.00</div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">375000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Susan E. Jones</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Day Independent Media Committee		FEC IDENTIFICATION NUMBER ▼ C C00582973
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MULTI MEDIA SERVICES INC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 27 / 2015
Mailing Address 915 KING STREET 2ND FLOOR		Amount 566000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure Broadcast and Cable TV	Category/Type	Transaction ID : SE.4107 Date of Disbursement or Obligation MM / DD / YYYY 08 / 25 / 2015
Name of Federal Candidate JOHN R KASICH		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		834350.00

Full Name of Payee MULTI MEDIA SERVICES INC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 27 / 2015
Mailing Address 915 KING STREET 2ND FLOOR		Amount 184000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure Broadcast TV	Category/Type	Transaction ID : SE.4128 Date of Disbursement or Obligation MM / DD / YYYY 08 / 25 / 2015
Name of Federal Candidate JOHN R KASICH		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		290650.00

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	750000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Susan E. Jones

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Day Independent Media Committee			FEC IDENTIFICATION NUMBER ▼ C C00582973		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee New Day Media, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		
Mailing Address 501 Morrison Road Suite 201			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">500000.00</div>		
City Gahanna		State OH	Zip Code 43230		Transaction ID : SE.4112
Purpose of Expenditure Media Buy		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	
Name of Federal Candidate JOHN R KASICH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1334350.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee New Day Media, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		
Mailing Address 501 Morrison Road Suite 201			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50000.00</div>		
City Gahanna		State OH	Zip Code 43230		Transaction ID : SE.4120
Purpose of Expenditure Media Buy		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	
Name of Federal Candidate JOHN R KASICH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1384350.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">550000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Susan E. Jones</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">31</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2016</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Day Independent Media Committee			FEC IDENTIFICATION NUMBER ▼ C C00582973		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee New Day Media, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 06 / 2015		
Mailing Address 501 Morrison Road Suite 201			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">410136.10</div>		
City Gahanna		State OH	Zip Code 43230		Transaction ID : SE.4123
Purpose of Expenditure Media Buy		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 05 / 2015	
Name of Federal Candidate JOHN R KASICH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1794486.10</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee New Day Media, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 13 / 2015		
Mailing Address 501 Morrison Road Suite 201			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">404200.00</div>		
City Gahanna		State OH	Zip Code 43230		Transaction ID : SE.4126
Purpose of Expenditure Media Buy		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 09 / 2015	
Name of Federal Candidate JOHN R KASICH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2198686.10</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">814336.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2489336.10</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Susan E. Jones</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 31 / 2016		